



State of Ohio Environmental Protection Agency

STREET ADDRESS:

1800 WaterMark Drive  
Columbus, OH 43215-1099

TELE: (614) 644-3020 FAX: (614) 644-2329

MAILING ADDRESS:

P.O. Box 1049  
Columbus, OH 43216-1049

US EPA RECORDS CENTER REGION 5



436569

Date: JAN 10 1997

Dear Sir/Madam:

Please find a copy of the data sheet on the back of this letter and the provisional United States Environmental Protection Agency (U.S. EPA) Identification (ID) number that was assigned. Please examine all the information on the reverse side carefully. If there are any discrepancies, please contact us as soon as possible.

The identification number issued by the agency can be used for only this specific *one-time event*. The use of the provisional number for any other purpose is illegal. After completion of the hazardous waste generation activities, please notify the Ohio EPA **in writing**, at the address below, to have the number deactivated from our list. If there is a possibility of regular hazardous waste generation in the future at the same site, it is recommended that you obtain a permanent U.S. EPA ID number for your site. A permanent number is obtained by completing a Notification of Regulated Waste Activity (8700-12) form. The form and booklet can be obtained from the Ohio EPA at the address below.

It is possible that, depending on the type of waste and the quantity that was shipped, you may be subject to reporting requirements. Ohio hazardous waste rules require anyone who generates more than 1000 kg (or 2200 lbs, or approximately 263 liquid gallons) of non-acute hazardous waste in a calendar month to submit a *Annual Hazardous Waste Report* to the Ohio EPA. It is your responsibility to determine if the reporting requirements are applicable to you and to notify the Ohio EPA. Failure to submit reports may result in enforcement action. If there are any questions regarding reporting requirements, contact Ms. Paula Canter at the phone number listed below.

If you have any questions regarding the identification number, please contact the Data Management Section at 614/644-2977. The mailing address is:

**Ohio EPA**  
**Division of Hazardous Waste Management**  
**Data Management Section**  
**1800 WaterMark Drive**  
**Columbus, Ohio 43215-1099**

Thank you for your cooperation in the hazardous waste program.

(Rev. 3/96)  
(C:\wp\covrite\provid.htr)

George V. Voinovich, Governor  
Nancy P. Hollister, Lt. Governor  
Donald R. Schregardus, Director







Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved, OMB No. 2050-0028 Expires 3-30-95  
GSA No. 0046-EPA-07

I. Type of Regulated Waste Activity		II. Hazardous Waste Activity		III. Recycling Activities	
<input checked="" type="checkbox"/> 1. Generator (See Instructions) <input type="checkbox"/> 2. Transporter (See Instructions) <input type="checkbox"/> 3. Treatment, Storage, and Disposal Unit (See Instructions) <input type="checkbox"/> 4. Other (See Instructions)		<input type="checkbox"/> 1. Generator (See Instructions) <input type="checkbox"/> 2. Transporter (See Instructions) <input type="checkbox"/> 3. Treatment, Storage, and Disposal Unit (See Instructions) <input type="checkbox"/> 4. Other (See Instructions)		<input type="checkbox"/> 1. Recycler (See Instructions) <input type="checkbox"/> 2. Transporter (See Instructions) <input type="checkbox"/> 3. Treatment, Storage, and Disposal Unit (See Instructions) <input type="checkbox"/> 4. Other (See Instructions)	
<input type="checkbox"/> 1. For own waste only <input type="checkbox"/> 2. For commercial purposes <input type="checkbox"/> 3. For other purposes		<input type="checkbox"/> 1. For own waste only <input type="checkbox"/> 2. For commercial purposes <input type="checkbox"/> 3. For other purposes		<input type="checkbox"/> 1. For own waste only <input type="checkbox"/> 2. For commercial purposes <input type="checkbox"/> 3. For other purposes	
<input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input checked="" type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other (Specify)		<input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input checked="" type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other (Specify)		<input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input checked="" type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other (Specify)	
<input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input checked="" type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other (Specify)		<input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input checked="" type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other (Specify)		<input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input checked="" type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other (Specify)	

**IV. Description of Hazardous Waste (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)**

Characteristic	Box
1. Ignitable	<input checked="" type="checkbox"/>
2. Corrosive	<input checked="" type="checkbox"/>
3. Reactive	<input type="checkbox"/>
4. Toxic	<input type="checkbox"/>

**B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)**


Waste Code	Quantity
F006	1000
F007	1000
F008	1000
F009	1000

**C. Other Wastes. (State or other wastes requiring a handler to have an LD number; See Instructions.)**

Waste Code	Quantity

**V. Certification**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature	Name and Official Title (Type or print)	Date Signed
	OSC	1/6/97

**VI. Comments**

CERCLA CLEANUP - ONE TIME GENERATOR

Stone - Fax No. 513/569-7546

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)